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Substitute for form 1449/PTO				Complete If Known			
				Application Number	10/627,542		
INFO	RMATION I	DISCL	.OSURE	Filing Date	July 25, 2003		
STATEMENT BY APPLICANT				First Named Inventor	Sheila Littlehorn		
				Art Unit			
	(use as many shee	ets as nec	essary)	Examiner Name			
Page	1	of		Attorney Docket Number	017242-011200US		

U.S. PATENT DOCUMENTS							
		Document Number					
Examiner	Cite No.	Number Kind Code ² (# known)	Publication Date MM-DD-YYYY	Name of Patentee or Applicant of Cited Document	Pages, Columns, Lines, Where Relevant Passages or Relevant Figures Appear		
14	AA	US-1,898,272	Feb 1933	Stem	_		
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	-BE	-U9					

Examiner Signature	A. GRAN	Date Considered	Aloy	
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EXAMINER: Initial if reference considered, whether or not citation is in conformance with MPEP 609. Draw line through citation if not in conformance and not considered. Include copy of this form with next communication to applicant.

Applicant's unique citation designation number (optional). A Kind Codes of U.S. Patent Documents at www.uspto.gov or MPEP 901.04. Enter

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